



# TAKE ACTION DURING ANNUAL ENROLLMENT!



**Consider enrolling in a less expensive health plan.**

## LIMITED NETWORK PLANS

Limited network plans help address differences in provider costs. You will enjoy **the same benefits** as the wider network plans, but will save money because limited network plans have a smaller network of providers (fewer doctors and hospitals). Your savings depend on:

- The plan you are switching from,
- The plan you select,
- Your premium contribution percentage, and
- Whether you have individual or family coverage.

The average state employee who pays 25 percent of the premium and has individual coverage who enrolls in a limited network plan instead of a wide network plan **will save, on average, \$54 per month and \$644 per year.**



### Limited Network Plan

**Compare the rates of the Limited Network Plans with the other options and see how much you will save every month!** Find out if your hospital is in a GIC limited network plan with the side-by-side comparison of the GIC's limited network plans. Rates and the limited network hospital grid are located on the GIC's website: [mass.gov/gic/lessexpensive](http://mass.gov/gic/lessexpensive).

## OTHER HEALTH PLAN OPTIONS

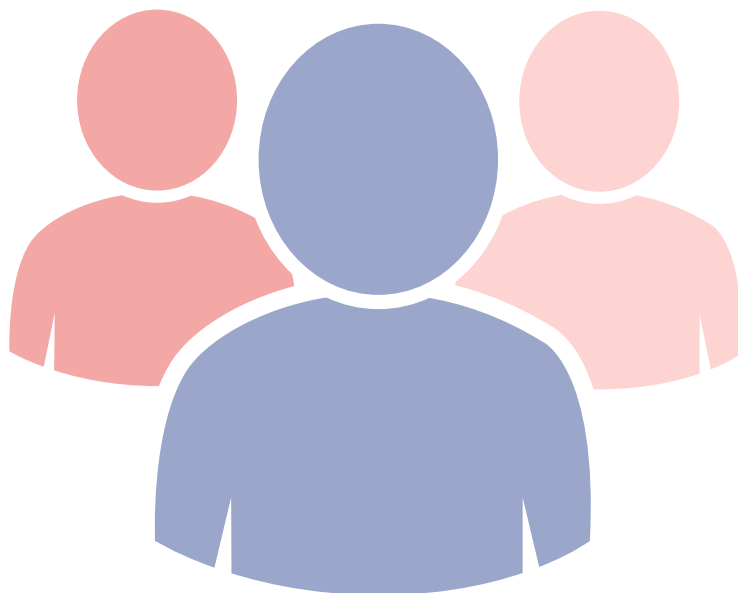
If you don't want to change to a limited network plan, consider a different wide network option. Most wide network plans have similar benefits and networks of doctors, hospitals and other providers, but can have different monthly premium costs.

## DO YOUR HOMEWORK DURING ANNUAL ENROLLMENT – Even if You Think You Want to Stay in the Same Plan

- Where you live determines which plan(s) you may enroll in. See the locator map on the back cover to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for additional eligibility details, benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
  - Whether your doctors and hospitals are in the network (Note: Be sure to specify the health plan's *full* name, such as "Tufts Health Plan *Spirit*" or "Tufts Health Plan *Navigator*," not just "Tufts Health Plan."); and
  - Which copay tiers your specialists and hospitals are in.
- See the GIC's website ([mass.gov/gic](http://mass.gov/gic)) for additional information.



**Keep in mind that even if your doctor or hospital leaves your health plan's network during the year, you *must* stay in the plan until the next annual enrollment. In the meantime, your health plan will help you find another provider.**





## MARK THE DATE!

**Forms ([mass.gov/gic/forms](http://mass.gov/gic/forms)) are due Wednesday, May 4 for Changes Effective July 1, 2016**

- Current active state and municipal employees:**

Return completed forms to your GIC Coordinator.

- Employees and non-Medicare retirees/survivors of municipalities and school districts joining the GIC:**

Return completed forms and required documentation to your GIC Coordinator.

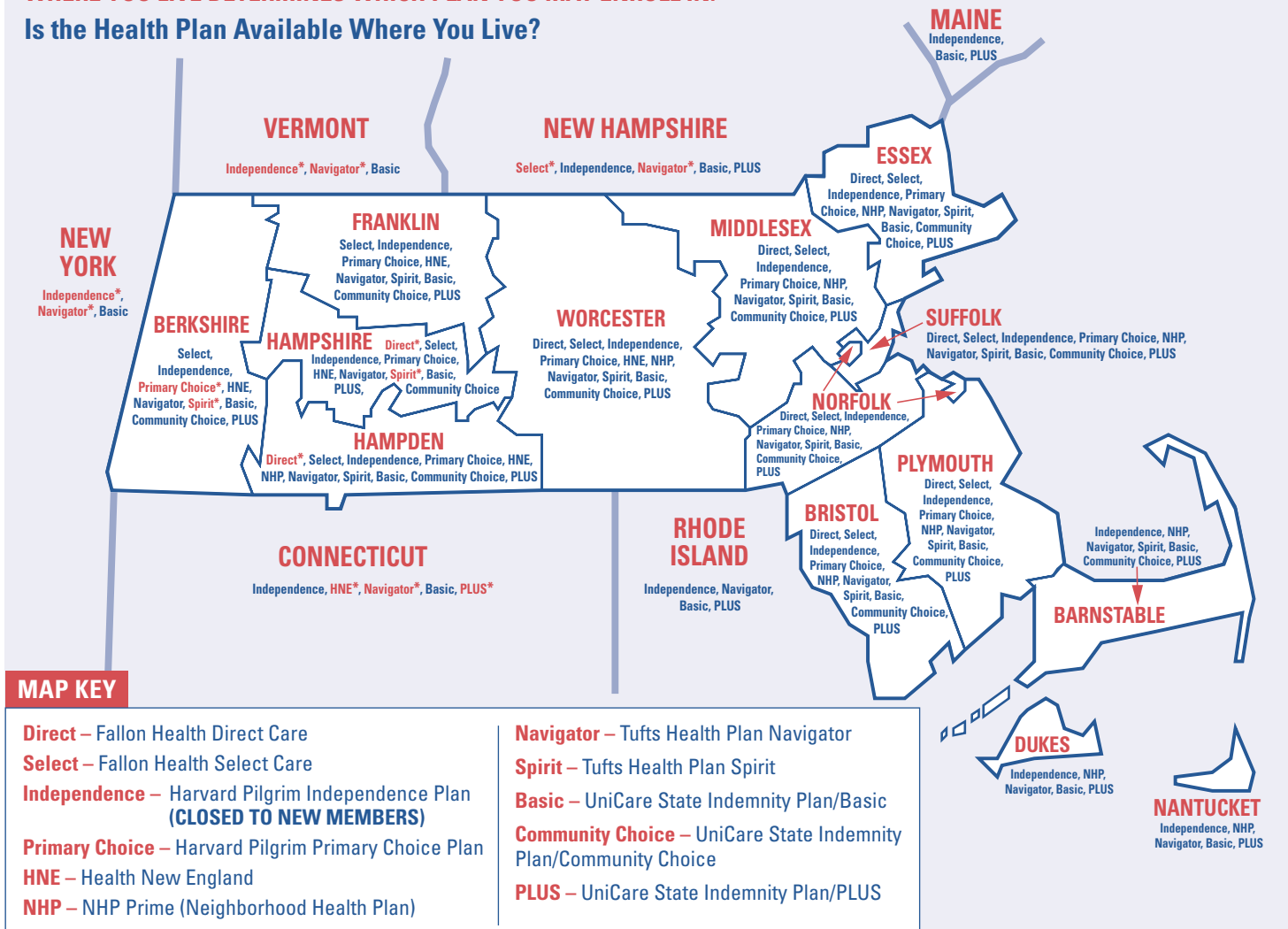
- Current non-Medicare retirees and survivors:**

Return completed annual enrollment forms to the GIC.

**The UniCare State Indemnity Plan/Basic is the only health plan offered by the GIC that is available throughout the United States and outside of the country.**

### WHERE YOU LIVE DETERMINES WHICH PLAN YOU MAY ENROLL IN.

**Is the Health Plan Available Where You Live?**



\* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.



# 2016-2017

GIC HEALTH PLANS

## Benefits At-A-Glance

### EMPLOYEES AND NON-MEDICARE RETIREES & SURVIVORS



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*

**BENEFITS EFFECTIVE  
JULY 1, 2016**



# TAKE CHARGE OF YOUR HEALTH; Lower Your Out-of-Pocket Costs

We encourage you to take charge of your health and avail yourself of ways of lowering your out-of-pocket costs:

- **Work with your Primary Care Provider (PCP)** to navigate the health care system.
- **Seek care from Tier 1 and Tier 2 specialists.** Over 150 million de-identified claims have been analyzed for differences in how physicians perform on nationally recognized measures of quality and/or cost efficiency. You pay the lowest copay for the highest-performing doctors:
  - ★★★ Tier 1 (excellent)
  - ★★ Tier 2 (good)
  - ★ Tier 3 (standard)
- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.

- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- Make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- **Use your health plan's online cost comparison tool** to shop for health care services in advance. Some GIC plans even give you a check when you use this tool and select a lower-priced provider.
- Consider **enrolling in a Limited Network Plan** to save money on your monthly premium.
- Read about ways to **take charge of your health**; the GIC's website has a wealth of articles and links to additional resources: [mass.gov/gic/yourhealth](http://mass.gov/gic/yourhealth).
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.**

**For more information about specific plan benefits, participating doctors, hospitals and other providers, contact the plan.**

HEALTH INSURANCE		
<b>Fallon Health</b> Direct Care Select Care	1.866.344.4442	<a href="http://fallonhealth.org/gic">fallonhealth.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan ( <b>CLOSED TO NEW MEMBERS</b> ) Primary Choice Plan	1.800.542.1499	<a href="http://harvardpilgrim.org/gic">harvardpilgrim.org/gic</a>
<b>Health New England</b>	1.800.842.4464	<a href="http://hne.com/gic">hne.com/gic</a>
<b>Neighborhood Health Plan</b> NHP Prime	1.866.567.9175	<a href="http://nhp.org/gic">nhp.org/gic</a>
<b>Tufts Health Plan</b> Navigator Spirit Mental Health/Substance Abuse and EAP <i>(Beacon Health Options)</i>	1.800.870.9488	<a href="http://tuftshealthplan.com/gic">tuftshealthplan.com/gic</a>
	1.855.750.8980	<a href="http://beaconhealthoptions.com/gic">beaconhealthoptions.com/gic</a>
<b>UniCare State Indemnity Plan/</b> Basic Community Choice PLUS <i>For all UniCare Plans:</i> <ul style="list-style-type: none"> <li>• Prescription Drugs (<i>CVS Caremark</i>)</li> <li>• Mental Health/Substance Abuse and EAP (<i>Beacon Health Options</i>)</li> </ul>	1.800.442.9300	<a href="http://unicarestateplan.com">unicarestateplan.com</a>
	1.877.876.7214 1.855.750.8980	<a href="http://caremark.com/gic">caremark.com/gic</a> <a href="http://beaconhealthoptions.com/gic">beaconhealthoptions.com/gic</a>

# BENEFITS AT-A-GLANCE

## HEALTH PLAN COPAYS & DEDUCTIBLES

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for Community Choice and PLUS are **in-network** benefits with PCP referral where required. These plans also offer out-of-network benefits for the GIC's EPO and HMOs. For a list of doctors, hospitals and other providers, benefit details, e

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN (CLOSED)	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
<b>PLAN TYPE</b>	HMO	HMO	POS	HMO	HMO
<b>PCP Designation Required</b>	Yes	Yes	Yes	Yes	Yes
<b>PCP Referral to Specialist Required</b>	Yes	Yes	Yes	Yes	No
<b>Out-of-pocket Maximum</b>					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Fiscal Year Deductible</b>					
Individual	\$300	\$300	\$300	\$300	\$300
Two-person family	\$600	\$600	\$600	\$600	\$600
Three- or more person family	\$900	\$900	\$900	\$900	\$900
<b>Primary Care Provider Office Visit</b>	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Preventive Services</b>	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
<b>Specialist Physician Office Visit</b>					
★★★ Tier 1 (excellent)	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
★★ Tier 2 (good)	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
★ Tier 3 (standard)	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
<b>Retail Clinic and Urgent Care Center</b>	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	<b>\$20 per visit</b>
<b>Outpatient Mental Health and Substance Abuse Care</b>	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Emergency Room Care</b>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>
<b>Inpatient Hospital Care – Medical</b>	Maximum one copay per person per calendar year				
Tier 1	\$275 per admission with no tiering	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission
Tier 2		\$500 per admission	\$500 per admission	\$500 per admission	with no tiering
Tier 3		\$1,500 per admission	\$1,500 per admission	No Tier 3	
<b>Outpatient Surgery</b>	Maximum one copay per calendar quarter				
	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
<b>High-Tech Imaging</b> (e.g., MRI, CT and PET scans)	Maximum one copay per scan				
	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
<b>Prescription Drug</b>					
<b>Retail:</b> up to a 30-day supply					
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65	\$65	\$65
<b>Mail Order Maintenance</b>					
<b>Drugs:</b> up to a 90-day supply					
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165	\$165	\$165

Copays for the *italicized* terms that appear in **bold** in this chart have changed effective July 1, 2016.

The Harvard Pilgrim Independence Plan is closed to new members.

For each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity Plan/Plus offer out-of-network benefits with higher out-of-pocket costs. Contact the plans for details. With the exception of emergency care, there are no out-of-network exclusions, and limitations, see the plan handbook or contact the individual plan. For details on UniCare Indemnity Plan/Basic without CIC, contact the plan.

NHP PRIME (Neighborhood Health Plan)	TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
\$5,000	\$5,000	\$5,000	\$4,000 medical & mental health/\$1,500 Rx	\$4,000 medical & mental health/\$1,500 Rx	\$4,000 medical & mental health/\$1,500 Rx
\$10,000	\$10,000	\$10,000	\$8,000 medical & mental health/\$3,000 Rx	\$8,000 medical & mental health/\$3,000 Rx	\$8,000 medical & mental health/\$3,000 Rx
\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit for Centered Care PCPs; \$20 per visit for other PCPs
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit
\$20 per visit	<b>\$20 per visit</b>	<b>\$20 per visit</b>	<b>\$20 per visit</b>	<b>\$20 per visit</b>	<b>\$20 per visit</b>
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
per year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission	\$300 per admission \$700 per admission No tier 3	\$275 per admission with no tiering	\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission
per quarter or four per year, depending on plan. Contact the plan for details.					
\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
per copay per day. Contact the plan for details.					
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65
\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165

Out-of-pocket maximums apply to medical and mental health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums in all health plans except UniCare, which has separate in-network out-of-pocket maximums for medical/mental health and prescription drugs.